CHAPTER 13
SECTION 3.9

BIRTHING CENTER REIMBURSEMENT

Issue Date: February 14, 1984
Authority: 32 CFR 199.6(b)(4)(xi)(A)*(3)* and 32 CFR 199.14(e)

I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

II. DESCRIPTION

A birthing center is a freestanding or institution-affiliated outpatient maternity care program which principally provides a planned course of outpatient prenatal care and outpatient childbirth service limited to low-risk pregnancies; excludes care for high-risk pregnancies; limits childbirth to the use of natural childbirth procedures; and provides immediate newborn care.

III. POLICY

A. A freestanding or institution-affiliated birthing center may be considered for status as an authorized institutional provider.

B. Reimbursement for all-inclusive maternity care and childbirth services furnished by an authorized birthing center shall be limited to the lower of the TRICARE established all-inclusive rate or the center's most-favored all-inclusive rate.

C. The all-inclusive rate shall include the following to the extent that they are usually associated with a normal pregnancy and childbirth: laboratory studies, prenatal management, labor management, delivery, post-partum management, newborn care, birth assistant, certified nurse-midwife professional services, physician professional services, and the use of the facility. The rate includes physician services for routine consultation when certified nurse-midwife is the attending professional.

*NOTE: **The initial complete newborn examination by a pediatrician is not included in the Birthing Center all-inclusive fee and is to be cost-shared as a part of the maternity episode when performed within 72 hours of the delivery.***

D. Claims for professional services and tests where the beneficiary has been screened but rejected for admission into the program, or where the woman has been admitted but is discharged from the birthing center program prior to delivery, should be priced as individual services and items, subject to current policies for obstetrical care professional services and reported as code 99591. See paragraph III.G.

E. Extraordinary maternity care services (services in excess of the quantity or type usually associated with all-inclusive maternity care and childbirth service for a normal pregnancy) may be cost-shared as part of the birthing center maternity episode and paid as the lesser of the billed charge or the allowable charge when the service is determined to be otherwise authorized and medically necessary and appropriate.

F. Calculation of the TRICARE maximum allowable birthing center all-inclusive rate.

1. The TRICARE maximum allowable all-inclusive rate is equal to the sum of the Class 3 CHAMPUS Maximum Allowable Charge (CMAC) for total obstetrical care for a normal pregnancy and delivery (CPT 59400) plus the TMA supplied non professional price component amount. TMA will supply each contractor with non professional price components for each state annually (August) to be effective for the forthcoming fiscal year.

2. The maximum allowable all-inclusive rate shall be updated with each CMAC professional charge data base update.

G. Claims processing.

1. The cost-share amount for birthing center claims is calculated using the ambulatory surgery cost-share formula.

2. All claims from birthing centers will be processed as professional claims using the following procedure codes:

99590   Birthing Center, all-inclusive charge, complete
99591   Birthing Center, all-inclusive charge, partial (the partial charge code is used when the admitted woman was discharged prior to delivery.)

3. Both the technical and professional components of usual tests are included in the all-inclusive rate.

H. Excluded services when billed separately.

99071   Educational supplies
99078   Prenatal education services

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